

In the Claims

1. (Canceled).
2. (Canceled).
3. (Canceled).
4. (Canceled).
5. (Canceled).
6. (Canceled).
7. (Canceled).
8. (Canceled).
9. (Canceled).
10. (Canceled).
11. (Canceled).
12. (Canceled).
13. (Canceled).
14. (Canceled).
15. (Canceled).
16. (Canceled).
17. (Canceled).
18. (Canceled).
19. (Canceled).
20. (Canceled).
21. (Canceled).
22. (Canceled).
23. (Canceled).
24. (Canceled).
25. (Canceled).
26. (Canceled).
27. (Canceled).
28. (Canceled).
29. (Canceled).

- 30. (Canceled).
- 31. (Canceled).
- 32. (Canceled).
- 33. (Canceled).
- 34. (Canceled).
- 35. (Canceled).
- 36. (Canceled).
- 37. (Canceled).
- 38. (Canceled).
- 39. (Canceled).
- 40. (Canceled).
- 41. (Canceled).
- 42. (Canceled).
- 43. (Canceled).
- 44. (Canceled).
- 45. (Canceled).
- 46. (Canceled).
- 47. (Canceled).

48. (New) An apparatus for sheathing a flexible endoscope during insertion of the endoscope into a body passage, said apparatus comprising:

a dispenser having entry and exit ports defining a transit passage through which the endoscope may pass in a distal direction, and said dispenser being placed so that the exit port is adjacent to said body passage of a patient;

a flexible sleeve, at least a portion of which is bunched in a vicinity of the exit port of said dispenser, the flexible sleeve comprising a closed distal end and an open proximal end, said open proximal end being fixed to and within the dispenser,

wherein the endoscope entering into the flexible sleeve through the proximal end of the dispenser and engaging the distal end of the flexible sleeve, the bunched portion of the flexible sleeve being extended to cover at least a distal part of the endoscope that protrudes through the exit port, the distal part of the endoscope covered by the flexible sleeve extending into said body passage of the patient, the bunched portion of the flexible sleeve being adjacent to the distal end of the flexible sleeve, and the flexible sleeve extending away from the bunched portion in a proximal direction so as to cover the endoscope as it is advanced; and

a capture mechanism in said dispenser to capture the flexible sleeve as the endoscope is retracted through the transit passage in the proximal direction, wherein the flexible sleeve being removed from a proximal part of the endoscope that has been retracted through the entry port and the captured flexible sleeve being gathered in the dispenser.

49. (New) The apparatus according to claim 48, wherein, after the distal part of the endoscope has been retracted through the entry port, substantially all of the flexible sleeve is contained within the dispenser.

49. (New) The apparatus according to claim 48, further comprising an external sleeve fixed to the dispenser, said external sleeve extending from the dispenser when the endoscope is retracted through the transit passage, so that the external sleeve covers the flexible sleeve and the distal part of the endoscope.

50. (New) The apparatus according to claim 49, wherein the dispenser comprises a proximal section defining the entry port and to which the flexible sleeve is fixed, and a distal section defining the exit port and to which the external sleeve is fixed, and wherein the distal section moving away from the proximal section of the dispenser to extend the external sleeve over the flexible sleeve when the endoscope is retracted through the transit passage.

51. (New) The apparatus according to 48, wherein the flexible sleeve being inflated while the endoscope is advanced through the transit passage.

52. (New) The apparatus according to claim 51, wherein the flexible sleeve being deflated while the endoscope is retracted proximally through the transit passage.

53. (New) The apparatus according to claim 51, wherein the dispenser comprises a channel communicating with the flexible sleeve for inflating the flexible sleeve while the endoscope is advanced and for applying suction to the flexible sleeve while the endoscope is retracted.

54. (New) The apparatus according to claim 53, wherein the entry port fits snugly around the endoscope to prevent escape of pressure through the entry port when the flexible sleeve is inflated.

55. (New) The apparatus according to 48, further comprising a working channel extending along the endoscope, the working channel comprising distal and proximal extremities, wherein the distal extremity being fixed to the distal end of the flexible sleeve and the proximal extremity protruding from the dispenser.

56. (New) The apparatus according to claim 55, further comprising a sealing element sealing the proximal extremity of the working channel while the endoscope is removed from the dispenser.

57. (New) The apparatus according to claim 48, wherein the endoscope includes a working channel having distal and proximal outlets, and wherein the apparatus comprises an internal sleeve inserted through the working channel, the internal sleeve comprising distal and proximal extremities, wherein the distal extremity being fixed to the distal end of the sleeve and the proximal extremity protruding from the proximal outlet of the working channel.

58. (New) The apparatus according to claim 57, further comprising a sealing element sealing the proximal extremity of the internal sleeve while the endoscope is removed from the dispenser.

59. (New) The apparatus according to claim 53, wherein the channel is contained within the insertion tube.

60. (New) The apparatus according to claim 53, wherein the channel is contained within the dispenser alongside the insertion tube.

61. (New) The apparatus according to Claim 48, wherein the capture mechanism is an anchor.

62. (New). A method for protecting an endoscope of an endoscope from contamination, comprising:

providing a flexible sleeve comprising a closed distal end and an open proximal end;  
bunching at least a portion of the flexible sleeve in a compaction region;  
placing a bunched portion of the flexible sleeve adjacent to the distal end of the flexible sleeve;  
inserting a distal part of the endoscope into the proximal end and through the bunched portion of the flexible sleeve to engage the distal end;  
placing the compaction region adjacent to the body opening;  
advancing the endoscope through a body opening of a patient into a body passage, unfolding the flexible sleeve from the compaction region to cover the distal part of the endoscope, and  
extending the bunched portion of the flexible sleeve to cover the distal part of the endoscope that extends through the body opening into the body passage; and  
capturing the flexible sleeve upon retracting the endoscope in a proximal direction, removing the flexible sleeve from a proximal part of the endoscope and gathering in a location adjacent to the

body opening.

63. (New) The method according to claim 62, wherein capturing the flexible sleeve comprises gathering substantially all of the flexible sleeve in a receptacle.

64. (New) The method according to claim 62, wherein advancing the endoscope comprises inflating the flexible sleeve.

65. (New) The method according to claim 62, further comprising applying suction to the flexible sleeve while the endoscope is retracted.

66. (New) The method according to claim 62 wherein the endoscope comprises a working channel defined by distal and proximal extremities, wherein the distal extremity being fixed to the distal end of the flexible sleeve and the proximal extremity protruding along the endoscope.

67. (New) The method according to claim 66, further comprising sealing the proximal extremity of the working channel before removing the flexible sleeve from the endoscope.

68. (New) The method according to claim 62, wherein the endoscope comprises a working channel having distal and proximal outlets, and wherein the endoscope comprises an internal sleeve comprising distal and proximal extremities, and wherein the method comprises inserting the internal sleeve through the working channel so that the proximal extremity of the internal sleeve protrudes from the proximal outlet of the working channel.

69. (New) The method according to claim 68, further comprising sealing the proximal extremity of the internal sleeve before removing the internal sleeve from the working channel.